FORM D

Name of Offering

Type of Filing:

Brief Description of Business

Type of Business Organization corporation business trust

UNITED/STATES SECURITIES AND EXCHANGE COMMIS Washington, D.G. 20549 9

FORME

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/ÖR

Q	
OMB N Expire: Estima	
hours St	04021196
Prefix	Serial

DATE RECEIVED

185403

company

UNIFORM LIMITED OFFERING EX	EMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change	
Kilbourn Tower, LLC Offering of up to 505 Membership	Shares
illing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Section Section Section Rule 505 Rule 506 Section Section Rule 505 Rule 506 Section	PROCESSED
A. BASIC IDENTIFICATION DATA	MAR 3 1 2004
. Enter the information requested about the issuer	71011011
lame of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON FINANCIAL
Kilbourn Tower, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Co	ode) Telephone Number (Including Area Code)
225 East Mason Street, Suite 900, Milwaukee, WI 5320	2 (414) 226-4535
Address of Principal Business Operations (Number and Street, City, State, Zip C if different from Executive Offices)	
rief Description of Business	
Developer of luxury condominium complex	
ype of Business Organization	
corporation imited partnership, already formed of	ther (please specify): limited liability
business trust limited partnership, to be formed	COMPany

Actual Estimated

WI

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

Month

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Actual or Estimated Date of Incorporation or Organization: 112 012 & Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Lacin general and managing parties of partiteship issuess.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Fiduciary Real Estate Development, Inc.
Full Name (Last name first, if individual) 225 East Mason Street, Suite 900, Milwaukee, WI 53202
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or
Glaisner, Richard J.
Full Name (Last name first, if individual)
2135 W. Dean Road, Milwaukee, WI 53217
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Kellner, Ted D. Full Name (Last name first, if individual)
5112 West Highland Road, Mequon, WI 53092
Business or Residence Address (Number and Street, City, State, Zip Code)
Dustiness of Residence Address (National and Street, Sity, State, 2.p Sode)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Volare Partners, LLC Managing Partner
Full Name (Last name first, if individual)
P. O. Box 210, Grafton, WI 53024
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
D. C. Carlotte, Charles and Ch
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
(con armin arrest at anh) min and manifestion rather as min angul an inspection.

	102,50	2 J			. В. I	NFORMAT	ION ABOU	T OFFERI	NG	**************************************			
,	Haa tha	ما مع معادمة	l on dogs th		ntand to so	ll to non o	namaditad i		this offer			Yes	No
1.	rias me	issuer soic	l, or does th							-	***************************************		\boxtimes
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?									\$10.	000.00		
	11 nat 15		um (m v v v v v v v v v v v v v v v v v v	Tone (mar)	00 4001	p	,					Yes	No
3.	Does th	e offering	permit joint	t ownershi	ip of a sing	le unit?						X	
4.											irectly, any he offering.		
	If a pers	on to be lis	ted is an ass	sociated pe	erson or age	ent of a brok	er or deale	r registered	d with the S	EC and/or	with a state		
			me of the b you may so							ciated pers	ons of such		
Full			first, if indi						·			· · · · · · · · · · · · · · · · · · ·	
	•	licable											
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, Z	(ip Code)						
Nan	ne of Ass	sociated Br	oker or De	aler						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Stat			Listed Has										
	(Check	"All States	" or check	individual	States)					***********		☐ Al	States
	AL	AK	AZ	AR	CA	XX	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ	NM UT	NY VT	NC VA	ND WA	OH WV	OK XXXI	OR WY	PA
		[30]	[31]	111	لمی	(01)	<u> </u>	(VA)	<u>WA</u>	[<u>vv_v</u>]	[]	<u> </u>	LEKI
Full	Name (I	Last name	first, if indi	vidual)									
Busi	iness or	Residence	Address (N	Jumber an	d Street, C	ity. State. 2	Zip Code)						·
Nan	ne of Ass	ociated Br	oker or Dea	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ Ai	States
	TAT .	[AV]	[A 2]	[AD]	CA	CO	CT	DE	DC	FL	GA	HI	[55]
	AL IL	AK IN	[AZ]	AR KS	CA KY	LA	ME					للتنا	1 1 2 3 1
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	MT	NE	NV	NH	NJ	NM	NY	MD NC	MA ND	MI OH	MN OK	MS OR	
	RI	NE SC	NV SD	NH TN	NJ TX								MO
Full	RI	SC		TN		NM	NY	NC	ND	OH	OK	OR	MO PA
	Name (I	SC Last name	SD first, if indi	TN vidual)	TX	NM UT	NY VT	NC	ND	OH	OK	OR	MO PA
	Name (I	SC Last name	SD	TN vidual)	TX d Street, C	NM UT	NY VT VT VI Code)	NC VA	ND WA	OH WV	OK	OR	MO PA
Bus	Name (I	SC Last name	SD first, if indi	TN vidual)	TX d Street, C	NM UT	NY VT VT VI Code)	NC VA	ND WA	OH WV	OK	OR	MO PA
Bus	Name (I	SC Last name Residence	SD first, if indi Address (N oker or Dea	TN vidual) Number an	d Street, C	NM UT	NY VT Zip Code)	NC VA	ND WA	OH WV	OK	OR	MO PA
Bus	Name (Iness or the of Asses in Wh	SC Last name Residence ociated Br ich Person	SD first, if indi Address (N oker or Dea	vidual) Number an aler Solicited	d Street, C	ity, State, 2	NY VT Zip Code)	NC VA	ND WA	OH WV	OK WI	OR WY	MO PA PR
Bus	Name (Iness or the of Asses in Wh	Residence sociated Braich Person	SD first, if indi Address (N oker or Dea Listed Has	TN Number an aler Solicited individual	d Street, C	ity, State, 2	NY VT Zip Code)	NC VA	ND WA	OH WV	OK WI	OR WY	MO PA PR
Bus	Name (Inness or the of Assets in Who (Check	Residence Sociated Br ich Person "All States	SD first, if indi Address (N oker or Dea Listed Has " or check	vidual) Number an aler Solicited individual	d Street, C or Intends States)	ity, State, 2	NY VT Zip Code)	NC VA	ND WA	OH WV	OK WI	OR WY	MO PA PR
Bus	Name (I iness or ne of Ass es in Wh	Residence sociated Braich Person	SD first, if indi Address (N oker or Dea Listed Has	TN Number an aler Solicited individual	d Street, C	ity, State, 2	NY VT Zip Code)	NC VA	ND WA	OH WV	OK WI	OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k				
	Type of Security		Aggregate fering Pri		Am	ount Already Sold
	Debt	\$	0		\$	0
	Equity				\$	0
	Common Preferred					
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify membership interests					
	Total	<u>\$3</u> ,	,550,1	100	_{\$} 3,	550,100
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r	NI. web on			Aggregate
		•	Number investors			llar Amount Purchases
	Accredited Investors				_	,550,100
	Non-accredited Investors				\$	0
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				-	······································
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of security		Do	llar Amount Sold
	Rule 505				\$	
	Regulation A			_	\$	
	Rule 504			_	\$	
	Total				\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs	· • • • • • • • • • • • • • • • • • • •		×	\$	250.00
	Legal Fees	,			\$ <u>18</u>	,777.50
	Accounting Fees	•••••			\$	00
	Engineering Fees				\$	00
	Sales Commissions (specify finders' fees separately)				\$	0
	Other Expenses (identify)				\$	0
	Total				\$ 19	.027.50

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE	OF PROC	EEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "adjusted g	ross		\$ <u>3,531,072.</u> 50
i.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate f the payments listed must equal the adjusted g	and		
) Dir	yments to Officers, ectors, & Ifiliates	Payments to Others
	Salaries and fees		🗀 \$_	0	<u></u> \$ 0
	Purchase of real estate		🗀 \$	0	\$ <u></u>
	Purchase, rental or leasing and installation of mad and equipment	chinery	🗀 \$	0	<u>s</u> 0
	Construction or leasing of plant buildings and fac	cilities	🗀 \$_	_0	\$ <u></u> _
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	П \$	0	□s 0
	Repayment of indebtedness				
	Working capital				
	Other (specify): Expenses relating to condominium complex	development of luxury			
		· · · · · · · · · · · · · · · · · · ·	_ [] \$_		. 🗆 \$
	Column Totals				
	Total Payments Listed (column totals added)			<u> </u>	531,072.50
		D. FEDERAL SIGNATURE	2.7		
igi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Con	nmission,	upon writte	
SSI	ner (Print or Type)	Signature	Date		
Κi	.lbourn Tower, LLC	lami RA	Mai	ch 2,	2004
	ne of Signer (Print or Type) 111am Arpe	Title of Signer (Print or Type) Presider Development, Inc. (Managing			ry Real Estate
					

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E: STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🛚
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Kilbourn Tower, LLC	hute R.S.	March 2, 2004
Name (Print or Type)	Title (Print or Type) President	of Fiduciary Real Estate
William Arpe	Development, Inc. (Manag	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				. ÁI	PENDIX		ar prosess		
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со		х	Membership Interest 3,550,100	1	50,000	0	0		х
СТ									
DE	·								
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1	Intend to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver	lification ate ULOI	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV							-		
NH							· · · · · · · · · · · · · · · · · · ·		
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК									
OR								 	
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI	·	x	Membership Interest 3,550,100	21	3,500,10	0 0	0		x

10.00		# # # # # # # # # # # # # # # # # # #	en e	APP	ENDIX		r.		
1	Type of securing and aggregate offering price offered in state (Part B-Item 1) Type of securing and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									